

ENTERPRISE ZONE APPLICATION

(local legislative authority) located in the county of(enterprise).			
1.	Name of business, home or main of (attach additional pages if multiple	fice address, contact person and telephone number enterprise participants).	
Enter	prise name	Contact person	
Address		Telephone Number	
City,	State, Zip		
Proje	ct site	Contact person	
Address		Telephone number	
City,	State, Zip		
2a.	Nature of business (manufacturing,	distribution, wholesale or other).	
2b.	List primary four digit Standard Ind	lustrial Code (SIC) #	
	Business may list other relevant SIC	C numbers	

f a consolidation, what are the components of the consolidation (must itemize the ocation, assets, and employment positions to be transferred)?				
Form of business of enterprise (corporation, partnership, proprietorship, or other).				
Name of principal owner(s) or officers of the business (attach list if necessary).				
Is business seasonal in nature? YesNo				
State the enterprise's current employment level at the proposed project site.				
Will the project involve the relocation of employment positions or assets from one Ohio location to another? A waiver from the Director of the Ohio Department of Development is available for special limited circumstances. The business and location jurisdiction should contact ODOD early in the discussions.				
Yes No				
If yes, state the locations from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located and the location to where the employment positions or assets will be located:				
State the enterprise's current employment level in Ohio (itemized for full and part- time and permanent and temporary employees):				
State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets:				
What is the projected impact of the relocation, detailing the number and type of				

	Has the Enterprise previously entered into an Enterprise Zone Agreement with a local legislative authorities at any size where the employment or assets will be elocated as a result of the proposal? Yes No							
•	s, list the local legislative authorities, date and term of the incentives for each rprise Zone Agreement:							
Does	s the Enterprise owe:							
a.	Any delinquent taxes to the State of Ohio or a political subdivision of the state?YesNo							
b.	Any moneys to the State or a state agency for the administration or enforcement of any environment laws of the state?YesNo							
c.	Any other moneys to the state, a state agency or a political subdivision of the state that are past due, whether the amounts owed are being contested in a court of law or notYesNo							
d.	If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets if necessary).							
Proie	ect Description (attach additional pages if necessary):							

	, 19 and be completed, 19 provided a tax exemption is provided
Estimate the number of new of that is the project site (job cree	employees the business intends to hire at the facility eation projection must be itemized by full and part-porary):
State the time frame of this p	rojected hiring: years.
	niring (itemize by full and part-time and permanent
(new annual payroll must be	al payroll such new employees will add \$itemized by full and part-time and permanent and
	nt of existing annual payroll relating to any job
Market Value of the existing \$	facility as determined for local property taxation.
	ment in the facility as of the proposal's submission.
\$	

renovate or occupy a facility. Acquisition of Buildings A. Real Property \$_____ B. Additions/New Construction Improvements to existing buildings \$ C. Personal Property D. Machinery & Equipment \$ _____ E. Furniture & Fixtures F. Inventory **Total New Project Investment** Business requests the following tax exemption incentives: ______% for 15.a. _ years covering \$______of real property improvements and investments as described above. Be specific as to type of assets, rate and term. 15.b. Business' reasons for requesting tax incentives (be quantitatively specific as possible)

Submission of this application expressly authorizes (name of the local jurisdiction) and/or (name of county) to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item #7 and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine

of not more than \$1,000 and/or a term of imprisonment of not more than six

months.	months.						
The applicant believes that the information contain in and submitted with the application is complete and correct.							
Name of Enterprise	Date						
Signature	Typed Name & Title						

** Attach to Final Enterprise Zone Agreement as Exhibit A

Please note that copies of this proposal must be included in the finalized Enterprise Zone Agreement and be forwarded to the Ohio Department of Taxation and the Ohio Department of Development within (15) fifteen days of final approval.

❖ Submit application to: Director of Economic F gxgmr o gpv'('Rrepplpi 150 S Front St. FSL Ste. 10 Columbus, OH 43215

^{*} A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appears and/or comment before the legislative authorities considering the request.

PROJECT COMPLETION SCHEDULE

Indicate **pre-project** values under "Current" column and value of <u>increases</u> or <u>improvements</u> over each previous year for columns "one" through "Five" as appropriate. Add more years if needed.

		December 31, Project Year:					
	Current 20	One 20	Two 20	Three 20	Four 20	Five 20	
Real Property							
Personal Property							
Monthly Avg. Inventory							
Employment							
Payroll							

* Documentation of viable business entity: Attach three years of financial statements of the company.

Enterprise Zone Application